

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039090

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED OCT 19 1962

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN BLUE TOWNSHIPLength of stay in 1b
Transitc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR 1 1/2 Mile So. Clay Co. Line
INSTITUTION U.S. 71 By-PassInside Limits
Yes ☐ No ☒2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN RAYTOWN

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
6209 MANNINGReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
MARVINMiddle
W.Last
GLICK

4. DATE OF DEATH

Month
OCTOBERDay
14,Year
19625. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
9-8-19269. AGE (last birthday)
36IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
PARTS MANAGER10b. KIND OF BUSINESS OR INDUSTRY
PRECISION BUILT11. BIRTHPLACE (City and state or country)
Breckenridge, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.13a. FATHER'S NAME
UNKNOWN13b. MOTHER'S MAIDEN NAME
UNKNOWN14. NAME OF HUSBAND OR WIFE
BESSIE L. GLICK15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
YES W.W. II16. SOCIAL SECURITY NO.
UNKNOWN17. INFORMANT
Mead-Pitts Funeral Home, Braymer, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Fractured Skull and chest all limbs fractured

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Car & Truck Collision - Fractured Skull and

20c. TIME OF INJURY
Hour a.m. p.m.Month, Day, Year
10-14-62

crushed chest all limbs fractured

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
Highway

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Jackson MO

21. I attended the deceased from _____ to _____ and last saw him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

GEO. C. CARSON

22b. ADDRESS

152 Union Station, K.C., Mo.

22c. DATE SIGNED

10-15-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

REMOVAL

23b. DATE

10-15-62

23c. NAME OF CEMETERY OR CREMATORY

ROSE HILL CEMETERY

23d. LOCATION (City, town, or county)

BRECKENRIDGE, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

GEO. C. CARSON & SONS, INDEPENDENCE, MO.

25. DATE RECD. BY LOCAL REG.

10-15-62

26. REGISTRAR'S SIGNATURE

Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Marshall C. Blackwell

Licensed Embalmer No.

4713

P. O. Address

Raytown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.